

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>02AL0244</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEART HOMES AT BAY RIDGE II</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3023-B ARUNDEL ON THE BAY ROAD ANNAPOLIS, MD 21403</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	Initial Comments  On March 18, 2014 an Inspection of Care survey was conducted by representatives of the Office of Health Care Quality (OHCQ) to determine whether the immediate health and safety needs of the residents are being met and determining compliance with COMAR regulations 10.07.14, Assisted Living Program Regulations.  Survey activities included a review of selected administrative, staff and residents' files, interview with staff and residents, observations, and a tour of the facility.  The facility census at the time of the survey was thirteen (13) residents.	E 000		
E3330	.26 B1,2 .26 Service Plan  B. Assessment of Condition. (1) The resident's service plan shall be based on assessments of the resident's health, function, and psychosocial status using the Resident Assessment Tool. (2) A full assessment of the resident shall be completed: (a) Within 48 hours but not later than required by nursing practice and the patient's condition after: (i) A significant change of condition; and (ii) Each nonroutine hospitalization; and (b) At least annually.  This REQUIREMENT is not met as evidenced by: Based on resident record review and interview with the Staff #1 on 3/18/14, the licensee failed to adequately address on the Service Plans, the services to be provided to the residents which are based on the assessment of the resident's health, function, and psychosocial status using	E3330		

OHCQ  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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E3330	Continued From page 1  the resident assessment tool; and failed to complete an assessment at least annually.  Findings include: Examples of the Service Plan deficiency: - Review of Resident #1's record revealed that this resident has nine documented diagnoses. Continued review revealed that only two of these diagnoses were adequately addressed. Further review revealed that for the diagnosis of dementia, the service is, "change in cognition abilities and evidence of increase in disorientation". For Scoliosis, "redirect and reassure resident during all activities of daily living". - Review of Resident #3's service plan revealed that "medication" is the service listed for high blood pressure; "medicate and re-direct when necessary" is the service for dementia; "medicate and re-direct when necessary" is the service for depression; "medicate both routine and PRN" is the service for the diagnosis of pain. It is recommended that the licensee consider using the Service Plan template found on the OHCQ web site to comply with this deficiency.  Review of Resident #4's record revealed that the last Resident Assessment Tool for this resident was completed on 12/31/12. The annual assessment was due on 12/31/13. It is further recommended that the licensee consider using the new Resident Assessment Tool and Service Plan templates for all future resident assessments and service plans.	E3330		
E3680	.29 M .29 Medication Management and Administration  M. Medications and treatments shall be	E3680		

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E3680	<p>Continued From page 2</p> <p>administered consistent with current signed medical orders and using professional standards of practice.</p> <p>This REQUIREMENT is not met as evidenced by: Based on administrative and resident record review, observation of the medications and staff interview on 3/18/14, the licensee failed to administer medications consistent with current signed medical orders and using professional standards of practice.</p> <p>Findings include: Review of Resident #1's record revealed an order for Prilosec OTC, 20 milligrams, 2 tabs twice a day. Review of the March, 2014 Medication Administration Record (MAR) revealed that this order was transcribed on to the MAR to match the order. Observation of the medication label read, Prilosec OTC, 20 milligrams, 1 tab daily.</p> <p>Further review of Resident #1's record revealed two orders for Risperdal, one order said take one 0.5 milligrams in the morning; and the other order said take two 0.5 milligrams (=1 milligram) before sleep. Review of the March, 2014 MAR revealed that this order was transcribed on to the MAR to match the order; however observation of the label revealed that the table read, "Risperdal 0.5 milligrams, take 1 tab twice a day".</p>	E3680		